



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAR
LITATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST				
	/FlA	/A # 1 - 1 - 1	TELEBUIANE	
NAME(Last)	(First)	(Middle)	TELEPHONE	
SAUNDERS,	Harry	٨	909/5/9 /963	
BACHDERS,	патту	Α.	808/548-4863	
MAILING ADDRESS (Street)			FAX	
WAILING ADDRESS (Sileet)			F M	
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P.O. Box 898900			808/548-2975	
(City)	(9	State)	(Zip Code)	
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Mililani, HI 96789)	.1		
EMPLOYING ORGANIZATION	Fill in only if you are employed	by a business entity which has been retained	d to lobby) TELEPHONE	······································
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n/a				
п/а				
MAILING ADDRESS (Street)			FAX	
(City)	(8	State)	(Zip Code)	
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PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBB	TELEPHONE	
Castle & Cooke, Inc.		808/548-4811
MAILING ADDRESS (Street)	d the property of the second s	FAX
P.O. Box 898900		808/548-2975
(City)	(State)	(Zip Code)
Mililani, HI 96789		
NAME OF PERSON RESPONSIBLE FOR PR	REPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Harry A. Saunders		808/548-4863
MAILING ADDRESS (Street)		FAX
P.O. Box 898900		808/548-2975
(City)	(State)	(Zip Code)
Mililani, HI 96789		\$

PART III DESCRIPTION (<u>OF SUBJECTS UPON WHICH</u>	YOU EXPECT TO LOBBY	
✓ Agriculture	✓ Education	✓ Human Services	 Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	 Intergovernmental Relations, International Affairs 	✓ Tourism & Recreation
✓ Consumer Protection & Commerce	✓ Hawalian Affairs	_ Labor & Employment	✓ Transportation
✓ Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)
✓ Ecology, Energy Environmental Protection	✓ Housing	∠ Public Safety & Corrections	***************************************

PART IV CERTIFICATION OF LO	BBYIST	
I hereby certify that the informat	ion furnished above	e is, to the best of my knowledge, correct and complete.
		12/30/04
(Signatu	re of Lobbyist)	/(Date)
PART V AUTHORIZATION TO LO	OBBY	
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Richard K. Mirikitani		Assistant Secretary
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Castle & Cooke, Inc.		808/548-4811
MAILING ADDRESS (Street)		FAX
P.O. Box 898900		808/548-2975
(City)	(State)	(Zip Code)
Mililani, HI 96789		
I hereby authorize the above - n	amed person to en	gage in lobbying activities on behalf of the undersigned.
nam		12.30.04
(Signature of Authorizing C	sented) (Date)	